

MOBILE DENTAL FACILITY PERMIT APPLICATION

Michigan Department of Health and Human Services

For Accounting Use Only

☐ New Program

☐ Renewal

Instructions:

Please complete this application to obtain a permit for a mobile dental facility. A permit must be obtained before offering dental services at a mobile dental facility.

Please print off completed application, sign and attach all required documents including the administrative fee with this application.

All information provided must be accurate and complete. All sections of this application must be completed as applicable.

\$270 Fee (Non-Refundable – Cost for 3 year permit)

Payment Method (Select one)

☐ Pay by check

☐ Pay by credit card (Instructions on page 6)

Please select type of services provided by Mobile Dental Facility

☐ Comprehensive Services

☐ Preventive Services

Applicant Information: (check all that apply)

☐ Non-Profit Organization

☐ Corporation, LLC, Governmental Entity, or Partnership that contracts with people who are licensed to practice dentistry, or dental hygiene in the State of Michigan

☐ Licensed Michigan Dentist or Registered Dental Hygienist

Contact Name and Information for Organization:

Mobile Dental Facility Name: _____

First Name: _____ Last Name: _____ Title: _____

Email Address: _____ Phone: _____

Applicant Name:

First Name: _____ Last Name: _____ Title: _____

Business Address:

Street: _____

City: _____ State: _____ Zip Code: _____

County (s) Providing Service in: _____

Business Phone: _____ Mobile Business Phone: _____

Website Address: _____ * Required Entity Type 2 Agency NPI #: _____

By signing below, I agree to comply with all parts of this application. I acknowledge that all facts, statements, and answers contained in this application are true and correct. In responding to the foregoing, I am not omitting any information, which might be of value to the MDHHS Oral Health Program in determining applicant qualifications. I agree to cooperate with the MDHHS staff and provide the staff with any documents to verify compliance, including access to the mobile dental facility to ensure compliance with the Mobile Dental Facility Act.

Signature of Applicant

Date Signed (month/date/year)

Print Name

Print Title

**Send Complete Mobile Dental Facility Permit Application
INCLUDING ALL SUPPORTING DOCUMENTS and Payment To:**

Michigan Department of Health and Human Services - Cashier's Office
Attn: Mobile Dental Permit
P.O. Box 30437
Lansing, MI 48909

Please make the check out to: State of Michigan
Credit Card Payments can be paid on the State of Michigan Website:
<https://www.thepayplace.com/mi/dch/mobiledental>

For more information contact the MDHHS Oral Health Program at: MDCH-MobileDentistry@michigan.gov

Authority: MCL.333.21605 et seq.
Completion: Is mandatory if applicant intends to become a mobile dental provider in the State of Michigan.
Penalty: Incomplete application submission will delay application process and may result in non-approval of Mobile Dental Facility Permit.

Michigan Department of Health and Human Services is an Equal opportunity employer services and programs provider.

The Michigan Department of Health and Human Services (MDHHS) does not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, genetic information, sex, sexual orientation, gender identity or expression, political beliefs or disability.

FOR MDHHS OFFICAL USE ONLY

Agency/Entity Name: _____

Date Received: _____

☐ Approved ☐ Not Approved

Approval Date: _____

Expiration Date: _____

Rationale:

Signature and Title: _____

Date: _____

SECTION SIX

YOU ARE REQUIRED TO NOTIFY THE MDHHS ORAL HEALTH PROGRAM OF ANY CHANGES LISTED ON THE ORIGINAL APPLICATION WITHIN 30 DAYS

- (a) A change in the mobile dental facility operator.
- (b) A change in a memorandum of agreement required under section 21607.
- (c) A change in the address or telephone number of the mobile dental facility operator.
- (d) Cessation of operation of a mobile dental facility.
- (e) Any memorandum of agreement entered into after obtaining a permit under this part.

SECTION ONE**LIST OF ALL MICHIGAN LICENSED PERSONNEL PROVIDING DENTAL SERVICES AT THE MOBILE DENTAL FACILITY**

- Dental Assistants who are not certified/registered must also sign. Please print, complete and mail in with application. Add additional copies of this if necessary.

Full Name (Printed)	Title	Email Address	Telephone Number	License Number
Address (Number, street, city, state and zip code)				NPI #
Full Name (Printed)	Title	Email Address	Telephone Number	License Number
Address (Number, street, city, state and zip code)				NPI #
Full Name (Printed)	Title	Email Address	Telephone Number	License Number
Address (Number, street, city, state and zip code)				NPI #
Full Name (Printed)	Title	Email Address	Telephone Number	License Number
Address (Number, street, city, state and zip code)				NPI #
Full Name (Printed)	Title	Email Address	Telephone Number	License Number
Address (Number, street, city, state and zip code)				NPI #
Full Name (Printed)	Title	Email Address	Telephone Number	License Number
Address (Number, street, city, state and zip code)				NPI #
Full Name (Printed)	Title	Email Address	Telephone Number	License Number
Address (Number, street, city, state and zip code)				NPI #
Full Name (Printed)	Title	Email Address	Telephone Number	License Number
Address (Number, street, city, state and zip code)				NPI #
Full Name (Printed)	Title	Email Address	Telephone Number	License Number
Address (Number, street, city, state and zip code)				NPI #
Full Name (Printed)	Title	Email Address	Telephone Number	License Number
Address (Number, street, city, state and zip code)				NPI #
Full Name (Printed)	Title	Email Address	Telephone Number	License Number
Address (Number, street, city, state and zip code)				NPI #

SECTION TWO

PLEASE SUBMIT THE FOLLOWING DOCUMENTS: (*SEE INSTRUCTION SHEET FOR DEFINITIONS OF THE FOLLOWING)

1. A list of each dentist, dental hygienist, and dental assistant who will provide care at or within the mobile dental facility, including, at a minimum, each individual's name, address, telephone number, and state occupational license number.
2. A written plan and procedure for providing emergency follow-up care to each patient treated at the mobile dental facility.
3. For Comprehensive services if follow-up services cannot be provided, a signed Memorandum of Agreement between the operator and at least 1 dentist or party who can arrange for or provide follow-up services at a site within a reasonable distance for the patient.
4. For Preventive dental services only, a signed Memorandum of Agreement for referral for comprehensive dental services between the operator and at least 1 dentist or party who can arrange for or provide comprehensive dental services to the patient within a reasonable distance for the patient.
5. Proof of general liability insurance covering the mobile dental facility that is issued by a licensed insurance carrier authorized to do business in this state.
6. Patient Registration/Application Form
7. Patient Health History Form
8. HIPPA Privacy Notice
9. Infection Control Procedures
10. Patient/Parent/Guardian Consent Form which shall include at minimum all of the following:
 - a. The name of the operator
 - b. The permanent address of the operator
 - c. The telephone number that a patient may call 24 hours a day for emergency calls
 - d. A list of the services to be provided
 - e. A statement indicating that the patient, parent, or guardian understands that treatment may be obtained at the patient's dental home rather than a mobile dental facility and that obtaining duplicate services at a mobile dental facility may affect benefits that he or she receives from private insurance, a state or federal program, or other third-party provider of dental benefits.

AN OPERATOR WHO FAILS TO COMPLY WITH FEDERAL, STATE, OR LOCAL LAWS AND RULES APPLICABLE TO THE MOBILE DENTAL FACILITY OR ANY OF THE REQUIREMENTS OF THIS PART IS SUBJECT TO DISCIPLINARY ACTION BY THE MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES.

SECTION THREE

BY SIGNING THIS APPLICATION THE APPLICANT AGREES TO ALL OF THE FOLLOWING

1. Comply with all federal, state, and local laws, regulations and ordinances applicable to the operation of a mobile dental facility, including, but not limited to, those concerning radiographic equipment, flammability, sanitation, zoning, and construction standards, including standards relating to required access for persons with disabilities.
2. Maintain continuously available at the mobile dental facility a communication device for making and receiving telephone calls and summoning emergency services.
3. Make immediately available, upon request from any person, a copy of the license of each dentist, dental hygienist, or dental assistant working at the mobile dental facility.
4. Make immediately available, at the mobile dental facility, upon request from any person, a copy of the permit required under this part.
5. The operator of a mobile dental facility and the operator's agents and employees shall comply with all federal, state, and local laws, administrative rules, regulations, and ordinances applicable to the mobile dental facility and to the individuals and entities that provide the preventative dental services or comprehensive dental services at the mobile dental facility, including, but not limited to, those concerning sanitation, infectious waste management and disposal, occupational safety, and disease prevention.

SECTION FOUR

THE MOBILE DENTAL FACILITY MUST BE EQUIPPED WITH OR HAVE THE APPROPRIATE ACCESS TO

1. An instrument sterilization system
2. Portable hot and cold water or hand sanitizer
3. Toilet facilities
4. Smoke and carbon monoxide detectors, as applicable
5. A communication device continuously available for making and receiving telephone calls and summoning emergency services
6. Proper lighting
7. Portable suction
8. Hand pieces
9. Dental instruments
10. Supplies
11. A licensed dentist is required to be present at the mobile dental facility when comprehensive dental services that are not preventative dental services are being performed on a patient. When only preventive dental services are being provided, a licensed dentist is not required to be present.

SECTION FIVE OPERATOR ACKNOWLEDGEMENT

Please note: If the applicant is approved as a mobile dental facility then the applicant agrees to the following:

A. FOR MOBILE FACILITIES PROVIDING COMPREHENSIVE SERVICES

1. The operator or his or her designee shall establish a written treatment plan for, and provide a copy to, each patient who receives dental services at a mobile dental facility. If a patient receives dental services in a nursing home, a written treatment plan shall be given to the nursing home for inclusion in the patient's health chart.
2. The written treatment plan shall address comprehensive dental services to be provided either at the mobile dental facility or through an affiliated dentist, dental office, or party who can arrange for or provide those services under a memorandum of agreement with the operator of the mobile dental facility.
3. If the written treatment plan will not be completed at the mobile dental facility, the operator or his or her designee shall make a reasonable attempt to refer the patient to a dentist or party who can arrange for or provide services under a memorandum of agreement until the treatment plan is completed or the patient ceases treatment. If the operator or his or her designee is unable to make arrangements for continued treatment, he or she shall place written documentation of the attempts in the patient records.

B. FOR MOBILE FACILITIES PROVIDING COMPREHENSIVE AND PREVENTIVE SERVICES

1. The operator shall obtain the patient's written consent or the consent of a parent or guardian before providing any dental services to a patient at a mobile dental facility.
2. If the patient is a minor or incapacitated person, the written consent form shall also include a request for the name or contact information for the dentist or dental office that provided dental services in the past 12 months.
3. Each person receiving dental services at a mobile dental facility shall receive all of the following information:
 - a. The name of the dentist, dental hygienist, dental assistant, or party who arranged for or provided the dental services to the patient.
 - b. The telephone number or emergency contact number to reach the mobile dental facility or operator in case of emergency.
 - c. A list of the dental services rendered.
 - d. A description of any further dental services that are advisable or that have been scheduled.
 - e. A referral to a specialist, dentist, or party who can arrange for or provide comprehensive dental services if dental services cannot be provided at the mobile dental facility. Upon request of the dentist or party who accepts the referral, the operator shall transmit all imagery records taken of the patient at the mobile dental facility.
 - f. A copy of the consent form required under this section authorizing additional treatment.